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CONFIRMATION NO. 6956

Bib Data Sheet

SERIAL NUMBER 10/775,023	FILING OR 371(c) DATE 02/09/2004 RULE	CLASS 455	GROUP ART UNIT 2618	ATTORNEY DOCKET NO. E-1673 (130105.409)
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *None TP*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None TP*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>J. F.</i> Initials				

## ADDRESS

36977

## TITLE

Advanced capability RFID system

FILING FEE RECEIVED 493	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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